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TO: U.S. Patent and Trademark Office

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ATTENTION: Examiner Prone

DATE: August 28, 2004

TIME: 1:30 p.m.

NUMBER OF PAGES: 9 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: U.S. Patent Application
Title: Gas Trimmer Cutting Line
Serial No.: 09/706,844
Attorney Docket No.: 1139-201

DESCRIPTION: Response to Office Action

COMMENT:

Voice Confirmation Required:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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PATENT
Attorney Docket No.: 1139-201**CERTIFICATION OF TRANSMISSION**

I hereby certify that this correspondence is being
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8/27/04
Date of Deposit

Rochelle Lieberman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Grant et al.

SERIAL NO.: 09/706,844

Group Art Unit: 3724

FILING DATE: November 7, 2000

Examiner: Prone, Jason D.

FOR: Gas Trimmer Cutting
Line**TRANSMITTAL LETTER**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Enclosed is an amendment in the above-identified patent application.

☐ ___ verified statement(s) claiming small entity status

☐ are also enclosed ☐ was submitted previously.

☐ A Petition for Extension of Time is also enclosed.

☐ An Associate Power of Attorney is also enclosed.

☒ No additional fee is required.

☐ An additional fee is required, and is calculated as shown below:

FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims	15	MINUS 20 =	0	x \$18 =	\$0
Independent Claims	3	MINUS 3 =	0	x \$86 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for ___ Month					\$0
Total Amendment Fee					\$0
If small entity status is claimed, subtract 50% of Total Amendment Fee					\$0
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0

☐ A Credit Card Payment Form in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No.

Respectfully submitted,

By: _____

Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

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Date: August 27, 2004